TABLE A-IV/2   Record of Assessment
Specification of minimum standard of competence in GMDSS for NAVTEX Operation

Name _____   Soc. Sec. No. _____/_____/_____

Column 1 STCW Competence	Column 2 Performance Objectives	Column 3 Performance Measures (Mariner knowledge or action including consequences of same) Demonstration or Oral/Written Exam	Column 4 Performance Standards (Criteria against which performance is measured)	Date Of Assessment	Assessor's Initials	T / P
1. POWER UP.	4.3.1	1A. SELECT PROPER CONTROL TO TURN POWER ON.	1A. CORRECT CONTROL AND PROCEDURE USED. APPROPRIATE INDICATORS ACTIVATED.			
2. SELF-TEST	4.3.1	2A. INITIALIZE SELF-TEST AND RESULTS.	2A. CORRECT CONTROL AND PROCEDURE USED. 2B. PRINT OUT TEST RESULTS. 2C. ANALYSIS OF RESULTS.			
3. PROGRAM.	4.3.1	3A. PROGRAM NAVTEX TO SELECT OR REJECT SPECIFIED STATIONS AND MESSAGE CATEGORIES.	3A. CORRECT CONTROL AND PROCEDURE USED. 3B. PRINT OUT OF PROGRAMMING RESULTS.			
4. CHANGE PAPER.	4.3.1	4A. REMOVE AND REPLACE PAPER.	4A. ABILITY TO REMOVE AND CORRECTLY REPLACE PAPER ROLL.			
5. SECURE	4.3.1	5A. DEMONSTRATE PROPER METHOD TO SHUT EQUIPMENT OFF.	5A. CORRECT CONTROL AND PROCEDURE USED.			

T/P Column – T designates that this competency will be evaluated with a written test question and is not evaluated on this form but the score will be marked on the last sheet of this form, P designates that this competency will be evaluated with a practical skills evolution.

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Name _____ **Soc. Sec. No.** _____ / _____ / _____

Identification Page

Written evaluation score _____ on an exam conducted on _____ / _____ / _____ at _____

and proctored and graded by _____ Proctor's Identification Number _____

The individual(s) identified here confirm that his or her initials certify they witnessed the practical demonstration of a particular task or skill by the candidate.

Assessor's Initials	Assessor Printed Name	Assessor Signature	Assessor's License or ID number	Organization or Vessel